

<h2 style="margin: 0;">TRANSMITTAL FORM</h2> <p style="font-size: small; margin-top: 10px;">(to be used for all correspondence after initial filing)</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 35%;">Application Number</td> <td>10/664,355-Conf. #8070</td> </tr> <tr> <td>Filing Date</td> <td>September 17, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Masumi SUETSUGU</td> </tr> <tr> <td>Art Unit</td> <td>1795</td> </tr> <tr> <td>Examiner Name</td> <td>R. L. Schilling</td> </tr> <tr> <td>Attorney Docket Number</td> <td>2185-0698P</td> </tr> </table>	Application Number	10/664,355-Conf. #8070	Filing Date	September 17, 2003	First Named Inventor	Masumi SUETSUGU	Art Unit	1795	Examiner Name	R. L. Schilling	Attorney Docket Number	2185-0698P
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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment/Reply  <input type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/Incomplete Application  <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):  Second Supplemental Reissue Declaration
<div style="border: 1px solid black; width: 100px; height: 20px; float: left; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	BIRCH, STEWART, KOLASCH & BIRCH, LLP	
Signature		
Printed name	Andrew D. Meikle	
Date	March 18, 2008	Reg. No. 32,868